



IFW A

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/8/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2009

Complete if known

Application Number **10/590,514**
Filing Date **03/15/2007**
First Named Inventor **Kiichiro KATO**
Examiner Name **VONCH, JEFFREY A**

☐ Applicant Claims small entity status. See 37 CFR 1.27

Art Unit **4132**

TOTAL AMOUNT OF PAYMENT (\$)**180**

Attorney Docket No. **24-036-TN**

METHOD OF PAYMENT (check all that apply)

- ☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: **50-1147** Deposit Account Name: **Posz Law Group, PLC**
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below ☐ Charges fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity			
	Fee (\$)	Fee (\$)		
Each claim over 20 (including Reissues)				
	52	26		
Each independent claim over 3 (including Reissues)				
	220	110		
Multiple dependent claims				
	390	195		
Total Claims				
- 20 or HP =	0	x	Fee (\$)	Fee Paid (\$)
			\$52	\$0
HP = highest number of total claims paid for, if greater than 20				
Indep. Claims				
- 3 or HP =	0	x	Fee (\$)	Fee Paid (\$)
			\$220	\$0
HP = highest number of independent claims paid for, if greater than 3				
			Multiple Dependent Claims	
			Fee (\$)	Fee Paid (\$)
			\$390	\$0

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).


Total Sheets - 100 = **0** / 50 = **0** (round up to a whole number) x **Fee (\$)** = **Fee Paid (\$)**
\$0

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

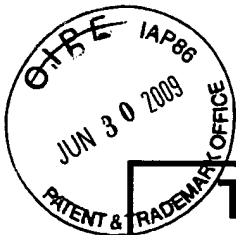
Other: **Information Disclosure Statement Fee pursuant to 37 CFR 1.17(p)** **\$180**

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 37,701	Telephone (703) 707-9110
Name (Print/Type)	DAVID G. POSZ	Date	June 30, 2009

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



This Form Based on PTO/SB/21

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/590,514
Filing Date	03/15/2007
First Named Inventor	Kiichiro KATO
Group Art Unit	4132
Examiner Name	VONCH, JEFFREY A
Attorney Docket Number	24-036-TN

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Form PTO-1449-PLG [listing 4 references: 2 U.S. patent references and 2 foreign patent references]
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	Copy each of 2 foreign references
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request of Refund	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	David G. Posz (Reg. No. 37,701) Posz Law Group, PLC
Signature	
Date	June 30, 2009



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): KATO et al.

Atty. Dkt.: 24-036-TN

Serial No.: 10/590,514

Group Art Unit: 4132

Filing or 371(c) Date: 03/15/2007

Examiner: VONCH, JEFFREY A

Title: PRESSURE-SENSITIVE ADHESIVE
SHEET

Commissioner for Patents
Alexandria, VA 22314

Date: June 30, 2009

INFORMATION DISCLOSURE STATEMENT

Sir:

Pursuant to 37 C.F.R. §1.56, the reference(s) listed on the attached Form PTO-1449 is/are being brought to the attention of the Examiner without any admission that it/they constitute(s) statutory prior art, or without any admission that it/they contain(s) subject matter that anticipates the invention or renders the invention obvious to a person of ordinary skill in the art.

The Examiner is requested to initial the attached PTO Form-1449 and to return a copy of same to the undersigned attorney as proof that the listed reference(s) has/have been considered and made of record.

As a first Office Action on the merits has been mailed in the above identified application, the fee due under 37 C.F.R. 1.17(p) is enclosed. Please charge any additional fee to Applicant's attorney's Deposit Account No. 50-1147.

Respectfully submitted,

David G. Posz
Reg. No. 37,701

Posz Law Group, PLC
12040 South Lakes Drive
Suite 101
Reston, VA 20191
(703) 707-9110
Customer No. 23400

07/01/2009 LNGUYEN1 00000039 10590514

01 FC:1806

180.00 0P